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ABSTRACT

Sexuality educators face a common dilemma in deciding whether it is best that teenagers not have babies, not get pregnant, or not have intercourse. Research findings suggest that sexuality educators and adolescents themselves are divided on the issue. The current political climate suggests that educators should promote abstinence. Some programs concentrate on the negative aspects of intercourse for adolescents, such as pregnancy, premature parenthood, venereal disease, abandonment by the loved one, and loss of self-respect, but do not offer alternatives. Abstinence programs which avoid the mention of contraception reinforce a reluctance to plan, to take responsibility for one's behavior, or to use contraception. Planned Parenthood should teach abstinence from intercourse within the context of sexuality education, not instead of such comprehensive education. Planned Parenthood has always presented abstinence as one contraceptive option, but only one of many options, and has asserted that informed choice is critical. Individuals have the right to have access to information about family planning. Schools, school systems, and states should work to implement the provision of sexuality education for all students, and to assure that contraceptive services are accessible to young people. (NB)

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Is it o.k. for PPFA to say "No Way"?

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Is it o.k. for PPFA to say "No Way"?

PPFA's best selling pamphlet is the one which provides teens with information on saying "No" to whether or not to have sex (PPFA, 1986). Adults buy it to give to teens. Focus groups of teenagers demonstrated time after time that teens found the pamphlet preachy and patronizing.* Yet adult concern about teen behavior is real. We have designed or attended very popular panel discussions with teenagers and youth workers to discuss the question: "Should teenagers have sex, and what is the educator's responsibility?" Teens in Seattle, Charlotte, North Carolina, and New York who were panelists in discussions of this topic made comments such as, "That's like saying `Should Teens Believe in God?'"; "We *need* to know about contraception"; "I'm going to do what I want to do, anyhow." One of the young women announced that, in her high school, everyone who wasn't a nerd had had sex, so telling people not to was stupid. Another stated, "My mother says that intercourse is overrated." While we, as older people, may be uncomfortable with some of these statements, we must be aware that teenagers hold such opinions.

This illustrates a common dilemma for sexuality educators, especially those from Planned Parenthood. As a study of adolescent sexual behavior in seven Western countries demonstrated (Jones, et al, 1985), we in the United States have difficulty in deciding whether it's best that teenagers not have babies, not get pregnant, or not have intercourse.

A recent poll points out that "sexologists" are divided on whether to take a position against young teenagers aged 12-17 having intercourse. Fifty-one percent of the respondents said that we should *not* take such a position, while 45% said we should, though they often qualified that by saying it was their *own* opinion, which they would present along with information for teens who were no longer virgins (*Sexuality Today*, 1985). Birth control counselors in clinics discuss these same concerns (Joffe, 1986).

Teenagers, too, are divided. About half have had intercourse by the time they are 18 and about half have not. So when we as educators talk to a group of teenagers, it is most likely that we speak to some in both "camps" -- virgin and non-virgin. The younger the group we speak to, the more likely the non-virgins are to have had intercourse without the use of contraception. In addition, most teens who have intercourse do so sporadically, not with the regularity of newly married couples. A young person might have intercourse six times in November, break up with that partner, and not become involved in another sexual relationship for a year or even two. So, although virginity, once lost, can never be regained, there certainly are "stopping points" in a young person's sexual career. The evidence is ambivalent, but it seems that people in a steady relationship are more likely to be using a contraceptive method than are people just starting a relationship.

So what should we, as educators, say to teenagers? The current political climate, judging from the types of demonstration programs funded by the federal government in 1985 (OPA, 1986),

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*In response to their comments, the pamphlet was completely revised and reformatted in 1986.

indicates that we should promote abstinence. They call this "primary prevention." On the surface, this seems like a good idea. If the prevention is generalizable to all types of so-called "deviant" behavior, so much the better. Cigarette smoking, it is generally agreed, is highly likely to lead to cancer and heart problems. Alcohol abuse is damaging to the brain, the body, and to the "body politic." Drug use, in addition to being illegal, is damaging to health. The ability to resist social pressure to engage in health-damaging or illegal acts is a skill all people should have. Young teens, who are looking for support and validation out beyond the "safety" of their families may be very vulnerable to ths kind of peer pressure. They especially could use assistance in learning how to say no.

Sexual intercourse, however, is not rare behavior. Almost everyone does it at some time in their lives. In adolescence, the pressures to smoke, drink, experiment with drugs and with sexual intercourse may seem to come from the same sources (Jessor & Jessor, 1975), hence be responsive to the same types of control, but I believe that they are different. Abusing drugs or alcohol and smoking are *never* healthy, unlike having intercourse.

The "chastity training" programs which have reached us, however, tend to talk only about the negative aspects of intercourse, such as pregnancy, premature parenthood, venereal disease, abandonment by the loved one, and loss of self-respect. While these consequences are real, such programs do not offer alternatives. "Pet your dog, not your date," the exhortation in one such program (Mast, 1986), is not a useful approach. Research into behavior modification has shown quite clearly that negative reinforcement can suppress a response, but not eliminate it from the organism's repertoire. A species-necessary response such as reproduction is not going to be eliminated by intimidation. If people's first experiences with intercourse at any age happen in a context of fear or definance, they cannot often be positive. Yet "chastity training" like these programs seems to set up moral conflicts.

Bea Whiting, an anthropologist who specializes in observing cultural variations in childrearing practices, put it succinctly when she commented that we in the United States have not taught our young people alternative ways of obtaining sexual pleasure. Hence, they look to intercourse. It is celebrated in the media as the answer to alienation and the route to closeness with another person. Perhaps, if in promoting the delay of first intercourse, we offered some alternatives to the feelings of loneliness that beset so many young people, then I could speak more positively about programs which only dealt with abstinence as part of our goal of helping people come to terms with their sexuality.

I emphasize that abstinence from intercourse is an important component of human sexuality at some time for all people of all ages. Being able to say "No" to intercourse without being hurtful to oneself or others is a valuable skill. But Planned Parenthood should teach such skills within the context of sexuality education, not *instead of* such comprehensive education.

Sometimes the decision to design or use a "chastity training" program is pragmatic, based on the opportunity to obtain funds and/or to get into certain schools. Some-

times the decision is more of an implicit assumption on the part of the staff or board at the affiliate about the value of abstinence for young people. The age at which intercourse is thought to be acceptable varies widely, though I have met few people who wholeheartedly think 12- or 13-year-olds are ready for intercourse.

Intense emotional commitment to another person is often associated with intercourse. Many young people who are not ready for this kind of attachment may equate physiological arousal, peer pressure and media sex with "love." Girls are probably more prone to this equation than are boys. Boys say that it's OK to tell a girl you love her in order to get her to have sex with you, and girls report that it's all right to have intercourse if you're "really in love." This combination can create disaster. Parents and other caring adults want to protect young people from such pain. This concern adds depth to the arguments of those who would advocate abstinence to young people.

I have no quarrel with the purposes of the Public Health Services Act which funds teen programs"...to promote self-discipline and other prudent approaches to the problem of adolescent premarital sexual relations" (Title XX, 1981a). However, I think that the definition of prevention services as "those services necessary to prevent adolescent sexual relations" (Title XX, 1986b), is unrealistic. Teens are having intercourse, they have always done so, and no amount of exhortation will cause them to stop.

These abstinence programs are not sexuality education. Generally, the programs will explicitly avoid the mention of contraception on the grounds that to talk about abstinence and mention contraception gives a double message. This position ignores the reality that contradictory messages about sexuality and moral values are woven into the very fabric of our children's lives. It is condescending to believe the one's 12-year-old is not already making assumptions about sexual behavior based on what is portrayed on prime time television, for example. We also have to remember that in very few cases, especially if the audience is over 12, are the students to whom we talk all virgins. What kind of double message is sent to the non-virgins about contraception when we don't mention it? That it's something "nice people" won't, don't and can't talk about. Young teens (and adults too) like to believe that intercourse happens when the couple is "swept away" with passion, a state that cannot be planned for. Avoiding the mention of contraception in a program which is billed as sexuality education reinforces a reluctance to plan, to take responsibility for ones behavior, or to use contraception.

Consider the scenario when a person identified with the best, most confidential source of information on sexuality and birth control, usually Planned Parenthood, is seen in the schools ONLY to talk about how to say "No" to sex. I wonder if the tentative young person will then say, "Hah! If I go there for birth control, they'll give me the same kind of lecture they gave me in 7th grade. Forget it."

Planned Parenthood has always presented abstaining from sex as one contraceptive option. We must remember, though, that it is *only one* of the many, and informed choice is critical. We have fought to maintain the rights of individuals to have access to information about family planning. This is no

place to stop.

By "getting into the schools" with the most limited or "acceptable" material, we may actually deprive young people of some of the information and support they need in order to make intelligent decisions about their sexual behavior. Furthermore, some of these programs say that birth control is not reliable (Howard, 1981). Why should we add to the sum of misinformation about contraception? We know, thanks to an American College of Obstetricians and Gynecologists (ACOG) survey in 1985, that great number of adult women still believe that the pill is more dangerous than childbirth. I will agree that abstinence is safe and has an almost perfect method-failure rate, but it sure has a pretty poor user-failure rate!**

A study in four Baltimore schools (Zabin, 1986) demonstrates convincingly that the provision of an integrated program of education *and* access to contraceptive services not only dropped the rate of unintended teen pregnancies in the target schools, but also raised the age at first intercourse for teens who had been a part of the program. This is an approach to "buying time" for young people to become more mature before they have intercourse (See also Pittman, 1986.)

In addition to these political and theoretical reasons why I believe we should not spend much of our energies on programs exclusively promulgating chastity, another strong reason is our credibility with teenagers. To quote Michael Hall, the executive director of Planned Parenthood of Santa Cruz, "...We are often making absolute statements and value judgments about how a very diverse group of people (teens) ought to live their lives....(They) will be totally turned off if they perceive that we are telling them how to be, or are judging their behavior."

To paraphrase a teacher from another era, "In teaching, lead and do not drag; strengthen and do not discourage; open the way but do not conduct to the end without the learner's own effort" (Confucius, 400 B.C.).

What we can and should do is to help schools, school systems and states implement the provision of sexuality education for all students, and to work to assure that contraceptive services are accessible to young people.

Planned Parenthood, with fewer than 800 educators nationwide, cannot hope to have someone in the over 100,000 schools in this country to provide even the most rudimentary course in sexuality education. We must expand our reach. We are an excellent resource for schools. Our educators can train teachers and consult on sexuality education curricula development. We have the skills to assist in the political and educational processes necessary to assure that all people can make informed choices about whether and when to have children. And we as citizens can work toward a society in which all options are open to all people.

** A method-failure rate has to do with problems with the method, such as a hole in the condom. A user-failure rate measures just what it says, for example, the diaphragm left in the dresser drawer or the rhythm-user swept away by passion at the 14th day of her cycle.

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